

APPLICATION PACKAGE

for the

**CERTIFIED FLOODPLAIN MANAGER
PROGRAM**

(CFM® Program)

Administered by the

ASSOCIATION OF STATE FLOODPLAIN MANAGERS, Inc.



ASSOCIATION OF STATE FLOODPLAIN MANAGERS CERTIFIED FLOODPLAIN MANAGER APPLICATION

Dear Applicant:

Enclosed is an application package for registration in the Association of State Floodplain Managers (ASFPM) Certified Floodplain Manager Program (CFM® Program), as developed by the ASFPM Certification Board of Regents (CBOR). It includes an application, Disclaimer, Code of Professional Conduct, and Employment Verification form. The initial ASFPM CFM® certification will be awarded upon successful completion of three steps:

1. submitting completed application and fee
2. submitting an Employment Verification Form
3. receiving a grade of 70% or higher on the certification exam.

The application requires basic information regarding the applicant's identity and one Employment Verification Form. Optional information is requested to help the ASFPM maintain demographic information and determine the fairness of the exam. The application shall be signed by the applicant, acknowledging that the award of certification will be based upon meeting all the minimum qualification requirements and achieving a satisfactory score on an exam to be prepared and scored by ASFPM. The applicant shall further agree to abide by the Code of Professional Conduct.

CFM® is a registered trademark of the ASFPM Certified Floodplain Manager Program and available only to valid CFMs. For more information on the ASFPM Certification Program, Go to our website at www.floods.org/certmenu.htm

Please complete the required forms and return them with your application fee. This fee includes your initial two-year certificate; additional fees will be required when you apply for renewal in two years. Upon receipt, review, and approval of a completed application, you will be notified of eligibility to take the exam and the exam dates and locations.

Submittal Checklist:

- _____ Completed Application Form (3 pages)
- _____ Acknowledgement and Disclaimer (1 page)
- _____ Signed copy of Code of Professional Conduct (1 page)
- _____ Employment Verification Form (1 page)
- _____ Application Fee

Mail all materials, including fee to:

ASFPM, 2809 Fish Hatchery Road, Madison, WI 53713

Note: A photo I.D. will be required at the time of exam for the purpose of identification.

Important -- Report address and/or employment changes immediately.

Thank you for applying to be a Certified Floodplain Manager.

ASFPM CERTIFIED FLOODPLAIN MANAGER APPLICATION

Last Name *First* *MI* *Maiden* *Mr./Ms. (Circle)*

Name to appear on certificate if different from above _____

Date of Birth _____

Education _____
 Degree(s) Major(s) Year(s)

Residence Address _____

City/State/Zip _____

Home (_____) _____

Employer _____

Employer Type: ___ Local Government ___ State Government ___ Regional Government
 ___ Federal Government ___ Private - Services ___ Private - Products
 ___ Academia Other _____

Job Title _____ Years of Floodplain Mgmt. Experience _____

Professional Mailing Address _____

City/State/Zip _____

Telephone: Work (_____) _____ Fax (_____) _____

Email _____

Please check all of the following areas of floodplain management in which you are involved:

___ Coastal Management	___ Code Enforcement	___ Community Rating System
___ Emergency Management	___ Engineering	___ Environmental Mgmt.
___ Hazard Mitigation	___ Insurance	___ Planning & Zoning
___ Public Education	___ Stormwater Management	___ Water & Wastewater Systems
Other _____		

Is floodplain management your primary responsibility with your employer? YES ___ NO ___

Describe your primary responsibility and % of time devoted to FPM _____

Additional work experience other than employment listed above:

<i>Employer</i>	<i>City/State</i>	<i>Title</i>	<i>Duration</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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Have you completed any of the following training courses?

<i>Yes</i>	<i>No</i>	<i>Course Name</i>
___	___	FEMA's Managing Floodplain Development through the NFIP (at EMI, Code E-273)
___	___	FEMA's Managing Floodplain Development through the NFIP (Home Study Course Code IS-9)
___	___	Any other Federal floodplain management training courses

___	___	Any State floodplain management training courses

___	___	Any related FPM courses:

List all other State or association registrations, licenses, or certifications you presently hold:

Have you ever been registered by any other Certified Floodplain Manager Program(s)?

NO ___ YES ___ Certification # _____

Name of program(s) _____

Date Issued _____

If you live in a state which has an ASFPM accredited certification program, you must provide a signed State Exam Exemption Form in order to take the ASFPM CFM® exam.

Name, Location and Date (If known) of Exam in which you are applying:

PAYMENT METHOD

___ Check enclosed ___ VISA or MasterCard* (*\$5 fee for Credit Card Transactions)

PAYMENT AMOUNT \$ _____

Card # _____ Expiration Date _____ CCV # _____

Card Holder's Name _____ Cardholders Zip Code _____

SIGNATURE _____

FEES

The following fees have been established:

	<u>Fee</u>	<u>Discounted Member Fee*</u>
Application packet, processing, & exam	\$300	\$100
Re-take Exam Fee	\$ 50	\$ 50
Biennial Renewal Fee	\$250	\$ 50
Late Renewal Fee	\$ 75	\$ 75
Request for Appeal Fee	\$ 80	\$ 80

When an applicant cancels from a scheduled exam, with at least two weeks notice to the ASFPM Executive Office, he/she will receive a 50% refund. No refund will be given if the cancellation occurs with less than two weeks notice. An exam may be rescheduled within 1 year.

Corporate, Agency, and Chapter Partners do not make an applicant eligible for the member rate in this certification process. To be eligible for the member exam or renewal rate the applicant needs to be an individual member of ASFPM at the time of application and throughout the duration of the certification period.

I hereby attest that the information provided is factual and that I have carefully read and fully understand all conditions, code of ethics, rules, and procedures of the Certified Floodplain Manager Program and do hereby agree to conform to all of the same conditions, rules, and procedures. I also hereby agree to the fees and payment methods as indicated above.

Signed _____ Date _____

Printed Name _____

Mail to: ASFPM, 2809 Fish Hatchery Road, Madison, WI 53713

ASFPM CERTIFIED FLOODPLAIN MANAGER PROGRAM
ACKNOWLEDGMENT & DISCLAIMER

I have read and agree to abide by the foregoing rules and procedures of the Association of State Certified Floodplain Managers (ASFPM) Certified Floodplain Manager Program (CFM® Program) as adopted by the Certification Board of Regents (CBOR). I also agree to complete all application requirements, provide necessary documentation, and take all exams as may be required for the processing of my application. I understand that award of certification will be based upon achieving a satisfactory grade. Upon my award of the Certified Floodplain Manager (CFM®) designation, I agree to be bound by the conditions of renewal as contained in the CFM® Program Charter. I further understand that the fee submitted with this application is 50% refundable if I cancel from taking the exam with at least two weeks notice and that the materials submitted for consideration become the property of ASFPM. I understand the schedule of fees and the additional criteria to keep my certification current.

I agree to hold the ASFPM and its members, officers, agents, and examiners free from any damage or claim for damage or complaint by reason of any action taken in connection with this application, the attendant exams, the grades with respect to any exam, the failure of the ASFPM to register me as a CFM® and any other aspect of the CFM® Program. I hereby grant permission to ASFPM and the CBOR to seek any information or references it deems fit in securing my credentials pertinent to this application.

I further agree that if registered as a CFM®, upon the revocation, suspension, or cancellation of my certification by action of the CBOR, I shall return my Certificate, identification card, and any other items issued as part of the CFM® Program to the ASFPM Executive Office.

The information which I have provided in this application is truthful. I understand that providing false information of any kind may result in the voiding of this application and failure for me to be registered as a CFM®, or the possible revocation of my certification.

I understand that all information provided as part of this application will remain strictly confidential to ASFPM unless authorized by me in writing to release the information to a requesting party.

I hereby attest that the information provided is factual and that I have carefully read and fully understand all conditions, code of ethics, rules, and procedures of CFM® Program and do hereby agree to conform to all of the same conditions, rules, and procedures.

Signed _____ Date _____

Printed Name _____

ASFPM CERTIFIED FLOODPLAIN MANAGER PROGRAM
CODE OF PROFESSIONAL CONDUCT

A copy of this signed document must be submitted with the Certified Floodplain Manager (CFM®) application.

Certified Floodplain Managers will agree to follow the Code of Professional Conduct below.

As a CFM®, I agree to abide by the following tenets of the Code of Professional Conduct in all of my professional responsibilities. I will

- *Practice honesty and integrity in all of my professional relationships with the public, peers, and employer;*
- *Be truthful and accurate in my professional communications;*
- *Be fair and considerate of all persons;*
- *Foster excellence in floodplain management by staying abreast of pertinent issues;*
- *Enhance individual performance by attention to continuing education and technology;*
- *Avoid conflicts of interest resulting in personal gain or advantage;*
- *Be economical in the utilization of the nation's resources through the effective use of funds, accurate assessment of flood-related hazards, and timely decision-making;*
- *Maintain the confidentiality of privileged information;*
- *Promote public awareness and understanding of flood-related hazards, floodplain resources, and flood hazard response; and*
- *Be dedicated to serving the profession of floodplain management and to improving the quality of life.*

Signed _____ Date _____

Printed Name _____

**ASFPM CERTIFIED FLOODPLAIN MANAGER PROGRAM
PROFESSIONAL EMPLOYMENT VERIFICATION FORM**

In lieu of this form, a letter of verification incorporating the requested information is acceptable. The supervisor or agency head, listed below will be notified of the applicant's successful completion. *Note:* Self-employed persons may use a professional reference other than a supervisor.

Applicant Name

Applicant's Title

Employed From/To

Employing Organization

☐ *Mr.* ☐ *Ms.*

Supervisor or Agency Head Name

Title

Supervisor or Agency Head Address

City/State/Zip

Supervisor or Agency Head Phone/Fax

Email

I, _____, (Supervisor) certify that I have supervised/employed the above listed applicant. I know of my own knowledge that said person was employed as indicated and that his/her regular responsibilities included floodplain management and other related duties.

Briefly describe job responsibilities of applicant. Please indicate if other than full time:

Supervisor or

Agency Head Signature _____ *Date* _____

Mail to: ASFPM, 2809 Fish Hatchery Road, Madison, WI 53713